2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2011
Secretary of State

DOCUMENT# N09000009911

Entity Name: ORGANIZATION FOR THE NATURAL HEALING OF MUSCULAR DYSTROPHY, INC.

Current Principal Place of Business:

1520 WEST 22ND STREET
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

1520 WEST 22ND STREET
MIAMI BEACH, FL 33140 US

New Mailing Address:

FEI Number: 27-2919522 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVIEN, STEPHEN J
1520 WEST 22ND STREET
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: LEVIEN, STEPHEN J
Address: 1520 WEST 22ND STREET
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: VP
Name: LEVIEN, HARLAN M
Address: 1520 WEST 22ND STREET
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: VP
Name: STEINKE, RHONDA ND
Address: 108 WEST 38TH ST.
City-St-Zip: AUSTIN, TX 78705 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN LEVIEN PRES 04/06/2011

Electronic Signature of Signing Officer or Director Date